

Fill in this information to identify the case.

Debtor name CONTEMPO FLORIDA HOLIDAYS LTD. INC.

United States Bankruptcy Court for the: MIDDLE District of FLORIDA
(State)

Case number (if known): 8:19-bk-11518-MGW

FILED

#151806

2019 DEC 17 PM 2:59

☐ Check if this is an amended filing

CLERK U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.
☐ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. _____

\$ _____

3.2. _____

\$ _____

4. Other cash equivalents (Identify all)

4.1. _____

\$ _____

4.2. _____

\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ _____

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____

\$ _____

7.2. _____

\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.Current value of debtor's
interest**11. Accounts receivable**11a. 90 days old or less: 725,270 - 75 - _____ = _____ →
face amount doubtful or uncollectible accounts\$ 725,270 - 7511b. Over 90 days old: 43,689 - 78 - _____ = _____ →
face amount doubtful or uncollectible accounts\$ 43,689 - 78**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 768,960 - 53**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method
used for current valueCurrent value of debtor's
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

☒ No. Go to Part 6.☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	MM / DD / YYYY	\$		\$
20. Work in progress	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale	MM / DD / YYYY	\$		\$
22. Other inventory or supplies	MM / DD / YYYY	\$		\$
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$

24. Is any of the property listed in Part 5 perishable?

☐ No☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☐ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$		\$
29. Farm animals Examples: Livestock, poultry, farm-raised fish	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)	\$		\$
31. Farm and fishing supplies, chemicals, and feed	\$		\$
32. Other farming and fishing-related property not already listed in Part 6	\$		\$

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture <u>Desks, chairs, cabinets</u>	\$ <u>20,000</u>	<u>LIQUIDATION</u>	\$ <u>20,000-00</u>
40. Office fixtures _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software <u>COMPUTERS, MONITORS, PHONES, SERVERS</u>	\$ <u>20,000</u>	<u>LIQUIDATION</u>	\$ <u>20,000-00</u>
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 40,000-00

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 <u>NISSAN NV 200</u>	<u>\$ 7,000.00</u>	<u>BLUE BOOK</u>	<u>\$ 7,000.00</u>
47.2 <u>NISSAN NV 200</u>	<u>\$ 7,000.00</u>	<u>BLUE BOOK</u>	<u>\$ 7,000.00</u>
47.3 _____	<u>\$ _____</u>	_____	<u>\$ _____</u>
47.4 _____	<u>\$ _____</u>	_____	<u>\$ _____</u>
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	<u>\$ _____</u>	_____	<u>\$ _____</u>
48.2 _____	<u>\$ _____</u>	_____	<u>\$ _____</u>
49. Aircraft and accessories			
49.1 _____	<u>\$ _____</u>	_____	<u>\$ _____</u>
49.2 _____	<u>\$ _____</u>	_____	<u>\$ _____</u>
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	<u>\$ _____</u>	_____	<u>\$ _____</u>

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 14,000.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?☐ No☐ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No☐ Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations <u>CUSTOMER MANAGEMENT CONTRACTS</u>	\$ <u>900,000</u>	<u>CURRENT MARKET VALUE</u>	\$ <u>900,000</u>
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 900,000

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ = \Rightarrow \$ _____
 Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

 _____ Tax year _____ \$ _____
 _____ Tax year _____ \$ _____
 _____ Tax year _____ \$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ _____	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ _____	
82. Accounts receivable. Copy line 12, Part 3.	\$ <u>768,960.53</u>	
83. Investments. Copy line 17, Part 4.	\$ _____	
84. Inventory. Copy line 23, Part 5.	\$ _____	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ _____	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ <u>40,000.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ <u>14,000.00</u>	
88. Real property. Copy line 56, Part 9. →		\$ _____
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ <u>900,000</u>	
90. All other assets. Copy line 78, Part 11.	+ \$ _____	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ <u>1,422,960.53</u> +	91b. \$ _____
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ <u>1,922,960.53</u>

Put in this information to identify the case.

Debtor name CONTEMPO FLORIDA HOLDINGS LTD. INC
 United States Bankruptcy Court for the: MIDDLE District of FLORIDA
 (State)
 Case number (if known): 8:19-bk-11518-MGW

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.**

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1	Creditor's name	Describe debtor's property that is subject to a lien	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
	Creditor's mailing address		\$	\$
	Creditor's email address, if known	Describe the lien		
	Date debt was incurred	Is the creditor an insider or related party?		
	Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?		
	<input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
		As of the petition filing date, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.2	Creditor's name	Describe debtor's property that is subject to a lien	\$	\$
	Creditor's mailing address			
	Creditor's email address, if known	Describe the lien		
	Date debt was incurred	Is the creditor an insider or related party?		
	Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?		
	<input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
		As of the petition filing date, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
3.	Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		\$	

From the information to identify the case:	
Debtor	<u>CONTEMPO FLORIDA HOLIDAYS LTD. INC.</u>
United States Bankruptcy Court for the:	<u>MIDDLE</u> District of <u>FLORIDA</u> (State)
Case number (if known)	<u>8:19-bk-11518-MGW</u>

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with **PRIORITY** Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
1 Priority creditor's name and mailing address Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
2 Priority creditor's name and mailing address Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3 Priority creditor's name and mailing address Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Debtor

Name

Case number (if known)

Part 1 Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2_ Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2_ Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2_ Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2_ Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Debtor

CONTEMPO FLORIDA HOLIDAYS LTD. INC.

Case number (if known)

8:19-BK-11518-MGW

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<p>3.1 Nonpriority creditor's name and mailing address <u>MULLIGAN FINANCIAL LLC</u> <u>4715 VIEWBRIDGE AVE, SUITE 100</u> <u>SAN DIEGO, CA 92123</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>292,170-50</u></p>
<p>3.2 Nonpriority creditor's name and mailing address <u>REEVE LEVENTHAL</u> <u>7711 POINTVIEW CIRCLE</u> <u>OLANDO FL 32836</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>200,000-00</u></p>
<p>3.3 Nonpriority creditor's name and mailing address <u>EXPLO CREDIT</u> <u>1450 BRICKELL AV, STE 2600</u> <u>MIAMI FL 33131</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,231,682-11</u></p>
<p>3.4 Nonpriority creditor's name and mailing address <u>AMERICAN EXPRESS</u> <u>PO Box 650448</u> <u>DALLAS TX 75265</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number <u>7142 44</u></p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>50,000-00</u></p>
<p>3.5 Nonpriority creditor's name and mailing address <u>MARLIN</u> <u>300 FELLOWSHIP RD, MT. LAUREL TOWNSHIP</u> <u>NJ 08054</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6053-58</u></p>
<p>3.6 Nonpriority creditor's name and mailing address <u>RINGTOOTH LLC</u> <u>4334 HWY 27, DAVENPORT</u> <u>FL 33837</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>13,543-92</u></p>

Part 2 Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3.6 Nonpriority creditor's name and mailing address <u>AMERICAN EXPRESS MERCHANT FINANCING</u> <u>PO BOX 981535</u> <u>EL PASO TX 79998</u></p> <p>Date or dates debt was incurred <u>05/15/2019</u> Last 4 digits of account number <u>9300</u></p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>110,770-00</u></p>
<p>3.7 Nonpriority creditor's name and mailing address <u>WASTE MANAGEMENT</u> <u>PO BOX 4648</u> <u>CAROL STREAM IL 60197</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,224-78</u></p>
<p>3.8 Nonpriority creditor's name and mailing address <u>RACETRAC</u> <u>WEY BANK, PO BOX 6293</u> <u>CAROL STREAM IL 60197</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1976-30</u></p>
<p>3.9 Nonpriority creditor's name and mailing address <u>LOWES</u> <u>PO BOX 530954</u> <u>ATLANTA GA 30353</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number <u>7532</u></p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>11,427-60</u></p>
<p>3.10 Nonpriority creditor's name and mailing address <u>INTEGRAL POOL SERVICES LLC</u> <u>52 RILEY RD</u> <u>CELEBRATION FL 34747</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,875-00</u></p>

Part 2: Additional Page

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Amount of claim

<p>3.11 Nonpriority creditor's name and mailing address <u>PROQUATED SOLUTIONS GROUP</u> <u>PO BOX 2427, WINTER PARK</u> <u>FLORIDA 32790</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number <u>0853</u></p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>10,477-00</u></p>
<p>3.12 Nonpriority creditor's name and mailing address <u>HOINES OF AMERICA</u> <u>17445 US HWY 192, STE 15</u> <u>SUMMER BAY PLAZA, CLERMONT 34714</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>133,118-63</u></p>
<p>3.13 Nonpriority creditor's name and mailing address <u>EAGLE MANAGEMENT</u> <u>209 AMBERSWEET WAY</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>120,653-56</u></p>
<p>3.14 Nonpriority creditor's name and mailing address <u>DUNES PROPERTY MANAGEMENT</u> <u>1612 FOREST HILLS LANE</u> <u>HAJNES CITY FLORIDA 33844</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>78,234-10</u></p>
<p>3.15 Nonpriority creditor's name and mailing address <u>KJB HOLDINGS</u> <u>8297 CHAMPIONS GATE BLVD</u> <u>STE 317, CHAMPIONS GATE, FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>7,100-00</u></p>

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>EXECUTIVE VILLAS</u> <u>1437 DENCE CIRCLE</u> <u>DANFORTH, FL 33846</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>46,311.39</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>TROPICAL ESCAPES</u> <u>8320 CHAMPIONS GATE BLVD</u> <u>CHAMPIONS GATE, FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>46,003.23</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>POLK AIR CONDITIONING INC</u> <u>103 CROSSCREEK LANE</u> <u>AUBUNDALE FL</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>17,846.00</u></p>
<p>3. Nonpriority creditor's name and mailing address _____ _____ _____</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p>3. Nonpriority creditor's name and mailing address _____ _____ _____</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p>

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>VIDYA SINGH</u></p> <p><u>334 BINVILLE DRIVE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>22,338-57</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>KEVORK KECHECHIAN</u></p> <p><u>8525 SUN KEY DRIVE</u></p> <p><u>KIDSMEE FL 34747</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>22,110-83</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>NORA GIVEN</u></p> <p><u>305 PRESHWICK DRIVE</u></p> <p><u>DAVENPORT FL</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>16,989-56</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>K. KNIPPLE</u></p> <p><u>2139 CITRON CT</u></p> <p><u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>16,633-65</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>P. TOWNING</u></p> <p><u>1332 NORTHAMPTON DRIVE</u></p> <p><u>DAVENPORT FL</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>16,112-21</u></p>

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. CASTILLO</u></p> <p><u>2245 VICTORIA DR</u></p> <p><u>DAVENPORT FL 33837</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>15,936.22</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>R. KURUP</u></p> <p><u>1060 SOLTERA</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>15,489.35</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>A. HICKS</u></p> <p><u>733 TUSCAN HILLS BLVD</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>14,692.08</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>A. BRIMBLE</u></p> <p><u>319 ROBIN RD</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>12,950.09</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>E. HERRING</u></p> <p><u>205 VISTA VIEW DR</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>11,881.58</u></p>

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>VELVETS ENTERPRISES LLC</u> <u>6036 BROAD OAK DR</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>10,473-78</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>D. RAWLUK</u> <u>1694 WATERVUE LOOP</u> <u>PLAINES CITY FL 33844</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>10,896-87</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>K. DREIBELBIS</u> <u>1144 TREON CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>10,723-29</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>R. KNIGHT</u> <u>646 BIRKDALE ST.</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>10,681-85</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>R. GAINES</u> <u>1543 GULF VUE</u> <u>PLAINES CITY FL 33844</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>10,339-25</u></p>

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>I. PEPPER</u></p> <p><u>15533</u></p> <p><u>MAKHAM DR</u></p> <p><u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>10,165-10</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>K KELLEY</u></p> <p><u>16017 Blossom Hill Loop</u></p> <p><u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>9,425-80</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>WILLIAM HILL</u></p> <p><u>5253 OAKBURN AV.</u></p> <p><u>DAVENPORT FL 33837</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>9,266-79</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>H. HOSKINS</u></p> <p><u>2251 VICTORIA DR</u></p> <p><u>DAVENPORT FL 33837</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>8,810-45</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>S. REILY</u></p> <p><u>253 ALDRIDGE LANE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>8,739-23</u></p>

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. HSU</u></p> <p><u>2235 MAURY CIRCLE</u></p> <p><u>HAINES CITY, FL 32844</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>8,655-34</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. SINGO</u></p> <p><u>8632 LA ISLA DR</u></p> <p><u>KISSIMMEE FL 34747</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>8,478-47</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. PARSONAN</u></p> <p><u>909 OZISIN DR</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>8,393-75</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>P. MAYORAL</u></p> <p><u>461 ROBINS RD</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>8,217-94</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>J. BETH</u></p> <p><u>16009 BLOSSOM HILL LOOP</u></p> <p><u>CLEMONT FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>8,159-70</u></p>

Part 2 Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>W. MASON</u></p> <p><u>253 SOLTERRA</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>8,113 - 10</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>E. TOLLAND</u></p> <p><u>1524 GULF VIEW</u></p> <p><u>WAINES CITY FL 33244</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>8,077 - 06</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>RAFIDNADARSAMIBAND ISLANDS</u></p> <p><u>2566 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33837</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,763 - 81</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>VBE USA LLC</u></p> <p><u>7751 KINGSPPOINT PARKWAY #109</u></p> <p><u>ORLANDO FL 32819</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>22,495 - 37</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. AYRIS</u></p> <p><u>146 MOCKINGBIRD RD.</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,660 - 13</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>B. MARTI</u></p> <p><u>253 SARACOLA</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,364-43</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>D. JORATHY</u></p> <p><u>321 NORTHAMPTON DR</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,287-59</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>A. HORNE</u></p> <p><u>15827 HERON HILL ST.</u></p> <p><u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,216-53</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>A. MORAES</u></p> <p><u>901 CHARD PARKWAY UNIT 727</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,205-69</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>R. MARKANDU</u></p> <p><u>129 BELFRY DR.</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,160-80</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>I. THOMPSON</u></p> <p><u>1030 PINE RIDGE DR</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,136.50</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>G. SEXTON</u></p> <p><u>816 CHELSEA DR</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,056.00</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>A. ROSAS</u></p> <p><u>2585 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,044.50</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>B. HARVEY</u></p> <p><u>800 CORVINA DR</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,034.53</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>D. PULLELLA</u></p> <p><u>2200 MAJORY CIRCLE</u></p> <p><u>NAVES CITY FL 33844</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>7,001.78</u></p>

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>S. YU</u></p> <p><u>2561 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,982-49</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>C. FORNENCO</u></p> <p><u>2574 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,054-89</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>CEPHEI LLC</u></p> <p><u>2610 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>19,315-16</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>RIGEL CENTAURI ENT. LLC</u></p> <p><u>2646 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,346-74</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>X. LIU</u></p> <p><u>2509 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,899-81</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>E. POST</u></p> <p><u>2521 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,844-89</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>B. CHOTHAN</u></p> <p><u>2604 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,813-10</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>X. ZHU</u></p> <p><u>2142 VICTORIA DR</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,730-34</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. FOLEY</u></p> <p><u>218 NORTHAMPTON DR</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,704-72</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>B. MARTIN</u></p> <p><u>154 SAVILLA AV.</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,651-55</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>S. SHELIKOFF</u> <u>2589 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,573-86</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>J. ELLIOTT</u> <u>2573 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,573-24</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>ALPHA CENTRAL ENTERPRISES LLC</u> <u>87662 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,448-24</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>H. WILCOX</u> <u>1264 BLACKHEATH CT.</u> <u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,410-22</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>J. ROBINSON</u> <u>2537 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,400-00</u></p>

Part 2. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>BRESTER GRAMMAR LLP</u> <u>2613 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,400.00</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>N. DALGARDO</u> <u>110 SARAGOSA</u> <u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,396.77</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>A. RILLY</u> <u>2533 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,318.82</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>S. PATEL</u> <u>2621 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,315.00</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>T. MANGRA</u> <u>2650 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,201.82</u></p>

Additional Page

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Amount of claim

<div>3. Nonpriority creditor's name and mailing address <u>G. Cordell</u> <u>1418 Pine Ridge Drive</u> <u>Davenport FL 33896</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$ 4,994.58</u></div>
<div>3. Nonpriority creditor's name and mailing address <u>Kissimar Sol Group, LLC</u> <u>2582 Rosemont Circle</u> <u>Davenport FL 33897</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$ 4,988.00</u></div>
<div>3. Nonpriority creditor's name and mailing address <u>M. Patel</u> <u>518 Solana</u> <u>Davenport FL 33896</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$ 4,960.40</u></div>
<div>3. Nonpriority creditor's name and mailing address <u>G. Hannah</u> <u>2541 Rosemont Circle</u> <u>Davenport FL 33897</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$ 4,943.60</u></div>
<div>3. Nonpriority creditor's name and mailing address <u>W. Davis</u> <u>3341 Victoria Drive</u> <u>Davenport FL 33897</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$ 4,901.54</u></div>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>D. SPARKES</u></p> <p><u>187 BLUE HERON CT.</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>4,260.70</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>D. EVERARE</u></p> <p><u>2629 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,238.40</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>J. SHEPPARD</u></p> <p><u>1273 NORTHAMPTON DR</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,199.10</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>V'EH CATION CORPORATION</u></p> <p><u>2569 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,102.02</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>G. CLARK</u></p> <p><u>151 ALDRIDGE LANE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,088.91</u></p>

Part 2: Additional Page

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Amount of claim

<div>3. Nonpriority creditor's name and mailing address <u>L. Ausiello</u> <u>2800 Long Leaf</u> <u>Clermont FL 34714</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$ <u>4,885.49</u></div>
<div>3. Nonpriority creditor's name and mailing address <u>A. Davey</u> <u>214 Kettering Road</u> <u>Davenport, FL 33897</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$ <u>4,880.25</u></div>
<div>3. Nonpriority creditor's name and mailing address <u>S. Hawkinson</u> <u>214 Rosemont Circle</u> <u>Davenport FL 33897</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$ <u>4,851.20</u></div>
<div>3. Nonpriority creditor's name and mailing address <u>M. Silva</u> <u>205 Gleneagles Drive</u> <u>Davenport FL 33896</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$ <u>4,837.55</u></div>
<div>3. Nonpriority creditor's name and mailing address <u>A Ayodele</u> <u>901 Charo Parkway #134</u> <u>Davenport FL 33896</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$ <u>4,777.75</u></div>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. TAMIMI</u></p> <p><u>2653 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>6,050-00</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>VACCM LLC</u></p> <p><u>2545 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>5,974-95</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. FRIESEN</u></p> <p><u>2517 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>5,971-84</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>G. M. WANGI</u></p> <p><u>2570 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>5,971-09</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>C. D'AVILA</u></p> <p><u>16217 EGRET HILL ST.</u></p> <p><u>LIPSWORTH FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>5,886-83</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>Geminis R Corporation</u> <u>2618 Rosemont Circle</u> <u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,764.04</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>A. Chaudhary</u> <u>300 Troon Circle</u> <u>Davenport FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,722.78</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>Petala LLC</u> <u>2649 Rosemont Circle</u> <u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,692.92</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>P. Scardino</u> <u>2625 Rosemont Circle</u> <u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,643.20</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>G Griffin</u> <u>16128 Blossom Hill Loop</u> <u>Clermont FL 34714</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,585.94</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>L. ROMERO</u> <u>306 ORISTA DRIVE</u> <u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5,841-75</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>H. LORENZINO</u> <u>904 CAHNS PARKWAY # 522</u> <u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5,778-07</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>G. TAYLOR</u> <u>2413 ST. AUGUSTINE</u> <u>HAINES CITY FL 33844</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5,718-01</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>S. RENNIE</u> <u>25201 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5,653-86</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>J. COLON</u> <u>1027 BAUMGARD DR</u> <u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5,606-84</u></p>

Additional Page

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Amount of claim

3. Nonpriority creditor's name and mailing address

D. Holmes135 Herring Street
Davenport FL 33896

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Basis for the claim: _____

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 4,582.76

3. Nonpriority creditor's name and mailing address

B. Dick321 Troon Circle
Davenport FL 33896

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 4,564.01

3. Nonpriority creditor's name and mailing address

S. Abbas152 Highgate Park Blvd
Davenport FL 33897

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 4,488.72

3. Nonpriority creditor's name and mailing address

S. Hammond2562 Rosemont Circle
Davenport FL 33897

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 4,461.37

3. Nonpriority creditor's name and mailing address

Eleven Profit, LLC2630 Rosemont Circle
Davenport FL 33897

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 4,425.00

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>HB ESPINOSA CORP.</u> <u>2505 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5600-00</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>R. BERBANC</u> <u>2590 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5,594-58</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>E. GREYFFENBERG</u> <u>2534 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5,543-79</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>E. HUGHES</u> <u>8911 CANDY PALM RD</u> <u>KISSIMMEE FL 34747</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5,431-53</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>K. O'NEIL</u> <u>2243 MAULDER CIRCLE</u> <u>HAINES CITY FL 33844</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5,363-19</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>S. Melamed</u></p> <p><u>460 Balmoral Drive</u></p> <p><u>Davenport FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>4,320.24</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>T. Johnston</u></p> <p><u>16009 Heron Hill</u></p> <p><u>Clermont FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>4,295.74</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>S. Jamgochian</u></p> <p><u>3320 SH</u></p> <p><u>Davenport, FL</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>4,279.11</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>B Rampersand</u></p> <p><u>2360 Victoria Drive</u></p> <p><u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>4,272.86</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M Spares</u></p> <p><u>1030 SAS</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>4,233.30</u></p>

Part 2

Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>A. MANTEGAZZI</u></p> <p><u>2605 RESEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>5,328-16</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>J. LETIZIA</u></p> <p><u>104 TERRACE RIDGE CIRCLE</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>5,284-18</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>F. DECASTRO</u></p> <p><u>2658 ROSEMONT CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>5,237-00</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>R. GILL</u></p> <p><u>8426 CRYSTAL COVE LOOP</u></p> <p><u>KISSIMMEE FL 34747</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>5,176-78</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>G. LEWIS</u></p> <p><u>355 PRESTWICK</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>5,024-87</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>Karthrise Corporation</u> <u>16155 Palmetto Hill Street</u> <u>Clermont FL 34714</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,069.14</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>N. Wasyliv</u> <u>706 Kildrummy</u> <u>Davenport FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,064.04</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>Tusani, LLC</u> <u>826 Highgate Park Blvd</u> <u>Davenport, FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,987.10</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>Sun Season International LLC</u> <u>2197 Victoria Drive</u> <u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,936.90</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>D Remy</u> <u>262 Reserve Drive</u> <u>Davenport FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,926.56</u></p>

Part 2 Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. FARREL</u></p> <p><u>2581 REDEMPTION CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>5,020.00</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. FLYNN</u></p> <p><u>2997 KOKOMO LOOP</u></p> <p><u>HAINES CITY FL 33844</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>4,998.54</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. CONNELLY</u></p> <p><u>626 ELA WITE DR.</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,196.87</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. RIDGARD</u></p> <p><u>421 BAILEY CIRCLE</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,189.40</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>H. AH-NEW</u></p> <p><u>227 ROBIN ED</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,179.45</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. Weller</u></p> <p><u>2131 Victoria Drive</u></p> <p><u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,897.99</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>Rudre Property Investments, Inc.</u></p> <p><u>8565 Chrystal Cove Loop</u></p> <p><u>Kissimmee FL 34747</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,877.00</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>Cynthia + Pablo Neme / Golmajer</u></p> <p><u>326 Prista Drive</u></p> <p><u>Davenport FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,864.79</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>P Lyons</u></p> <p><u>436 Aldridge Lane</u></p> <p><u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,801.58</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M. Westlake</u></p> <p><u>130 Balmoral Drive</u></p> <p><u>Davenport FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,733.09</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>D. APPLING</u></p> <p><u>2918 ANNINGA HILL ST</u></p> <p><u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,012 - 20</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>ALMER INVESTMENTS LLC</u></p> <p><u>204 BIRKDALE ST</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,006 - 79</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>S. PROCTOR</u></p> <p><u>167 AMACA LANE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>2,906 - 70</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>H. MCOTRAM</u></p> <p><u>340 BRIDGEWATER DR</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>2,957 - 02</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>J. KEATING</u></p> <p><u>1520 GULF VUE</u></p> <p><u>HAINEES CITY FL 33844</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>2,934 - 31</u></p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>R. Armstrong</u></p> <p><u>1616 Forest Hill</u></p> <p><u>Haines City FL 33844</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,669.41</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>C+P O'Keefe, LLC</u></p> <p><u>622 Highgate Park Blvd</u></p> <p><u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,663.64</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>A Bradford</u></p> <p><u>510 Holling Head Loop</u></p> <p><u>Davenport FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,634.06</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>M Soares</u></p> <p><u>202 Nottingham Way</u></p> <p><u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,555.13</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>R Puddephatt</u></p> <p><u>215 Elderberry Drive</u></p> <p><u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,533.15</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>Ian Smith</u></p> <p><u>835 Bloomingdale Drive</u></p> <p><u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,515.77</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>D Galloway</u></p> <p><u>1254 Blackheath Court</u></p> <p><u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,386.99</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>Diamond Getaways, LLC</u></p> <p><u>966 Tuscan Hills Boulevard</u></p> <p><u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,383.88</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>K Rowson</u></p> <p><u>5246 Wildwood Way</u></p> <p><u>Davenport FL 33837</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,363.92</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>Sarajini LLC</u></p> <p><u>2414 St Augustine</u></p> <p><u>Haines City FL 33844</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,263.71</u></p>

Part 2: Additional Page

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Amount of claim

3. Nonpriority creditor's name and mailing address

M. KLINC

927 BLOOMINGDALE DR.
DAVENPORT FL 33897

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 2,842 - 38

3. Nonpriority creditor's name and mailing address

P. DEJESUS

655 MONTANA DR.
DAVENPORT FL 33897

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 2,839 - 90

3. Nonpriority creditor's name and mailing address

SHOBER FAMILY INVESTMENTS LLC

3410 SWALLOW HILL ST.
CLERMONT FL 34714

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 2,734 - 56

3. Nonpriority creditor's name and mailing address

K. GARDEN

2912 KOKOMO LOOP
HAINES CITY FL 33844

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 2,732 - 76

3. Nonpriority creditor's name and mailing address

C. MINETTI

456 HIGHER COMBE DR.
DAVENPORT FL 33897

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 2,711 - 94

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>S Brand</u></p> <p><u>2586 Rosemont Circle</u></p> <p><u>Davenport FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>3,233.13</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>G. Tebbutt</u></p> <p><u>622 ORUTH DR</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>2,711.30</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>D ROCHE</u></p> <p><u>615 MAJESTY DR</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>2,708.28</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>V. ANGEL</u></p> <p><u>2136 VICTORIA DR.</u></p> <p><u>DAVENPORT FL 33837</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>2,632.86</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>D. COKAYNE</u></p> <p><u>137 PARADISE WOODS PL</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>2,589.14</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>NAN + PAPPY'S PROPERTIES INC.</u> <u>2654 ROSEMONT CIRCLE</u> <u>DAVENPORT FL 33837</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2,448-21</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>P. ECKIN</u> <u>1813 SEEDLING COURT</u> <u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2,435-17</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>M. CHARLWOOD</u> <u>1700 KNOWLEDGE DRIVE</u> <u>DAVENPORT FL 33898</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2,428-08</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>B. SMALL</u> <u>422 BALLYSHANNON DR.</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2,405-38</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>J. MESBRIAN</u> <u>16213 EGRET HILL ST.</u> <u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2,330-16</u></p>

Part 2. Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>N. WILDING</u></p> <p><u>344 RESERVE DR</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>2,305-63</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>J. BOOTH</u></p> <p><u>207 HERRING ST.</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>2,250-91</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>E. DIK</u></p> <p><u>10791 TUSCAN HILLS BLVD.</u></p> <p><u>DAVENPORT FL 33816</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>2,239-81</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>C. HELLA</u></p> <p><u>15702 HERON HILL ST.</u></p> <p><u>LICEMONT FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>2,189-42</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>S. BANDLAPALLI</u></p> <p><u>738 SCARB JAY WAY</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>1,991-48</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>D. HICKEY</u> <u>16153 MAGNOLIA HILL ST.</u> <u>CLERMONT FL 34214</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1933-23</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>G. RITCHIE</u> <u>2807 LONG LEAF PINE ST</u> <u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1730-32</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>T. KNIGHT</u> <u>202 STARBIRD CT.</u> <u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,719-63</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>V. FERREIRA</u> <u>2239 VICTORIA DR.</u> <u>DAVENPORT FL 33827</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,692-53</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>M. SYKES</u> <u>204 GLENDALES DR.</u> <u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,687-81</u></p>

Part 2: Additional Page

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>T. WOODCOCK</u></p> <p><u>15902 MERCOTT CT.</u></p> <p><u>VERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>1,679-49</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>A. TAVINO</u></p> <p><u>1687 WATERVIEW LOOP</u></p> <p><u>HAINES CITY FL 33844</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>1,501-15</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>S. WILKINSON</u></p> <p><u>2203 CROFTON AV</u></p> <p><u>DAVENPORT FL 33837</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>1,190-61</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>J. KUNGU</u></p> <p><u>240 HYPOLITA AV.</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>1,180-00</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>D. BANNERMAN</u></p> <p><u>2815 SP</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>1,101-31</u></p>

Page 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>K. HOLLINGS</u> <u>1491 SUMMER PLACE LOOP</u> <u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>874-15</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>B. ABDULY</u> <u>2215 VICTORIA DR.</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>865-42</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>U. PATEL</u> <u>1134 MARINER LAY DR</u> <u>HAINES CITY FL 33844</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>812-32</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>R. WILLEMS</u> <u>2143 VICTORIA DR.</u> <u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>796-52</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>A. SHAMUS</u> <u>432 NORTHAMPTON DR</u> <u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>698-12</u></p>

Part 3: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address

S. PANDYA

112 HUMMING BIRD DR.
DAVENPORT FL 33896

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 696.08

3. Nonpriority creditor's name and mailing address

D. COOKE

15713 SOUR ROOT CT
CLERMONT FL 34714

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 589.00

3. Nonpriority creditor's name and mailing address

J. GILL - ROSS

15942 HERON HILL ST.
CLERMONT FL 34714

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 564.16

3. Nonpriority creditor's name and mailing address

J. FRIGERIO

207 TREON CIRCLE
DAVENPORT FL 33896

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 469.00

3. Nonpriority creditor's name and mailing address

D. WHITE

16049 BLOSSOM HILL LOOP
CLERMONT FL 34714

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 443.00

Part 3: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>R. MACKINNON</u></p> <p><u>16014 HORN HILL ST.</u></p> <p><u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>439-56</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>J. RUS</u></p> <p><u>208 NORTHAMPTON DR.</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>462-83</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>R. BRIGHT</u></p> <p><u>2424 CRYSTAL COVE LOOP</u></p> <p><u>KISSIMMEE FL 34747</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>390-83</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>STC MAGICAL PROPERTIES LLC</u></p> <p><u>904 CHARD PARKWAY #532</u></p> <p><u>DAVENPORT FL 33896</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>342-51</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>W. PORTER</u></p> <p><u>2421 CRYSTAL COVE LOOP</u></p> <p><u>KISSIMMEE FL 34747</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>553-74</u></p>

Part 2 Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>K. TAYLOR</u> <u>16155 EURET HILL ST</u> <u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>320-80</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>A22 INVESTMENTS INC.</u> <u>2760 SUN KEY PL</u> <u>KISSIMEE FL 34747</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>286-80</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>K. LONG</u> <u>2233 SAND PINE ST</u> <u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>252-00</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>G. M'GREGOR</u> <u>2197 CROFTON AV.</u> <u>DAVENPORT FL 33887</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>217-32</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>SPRUK ENTERPRISES</u> <u>15801 RUBIN HILL CDP</u> <u>CLERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>196-16</u></p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address

S. WANG

2214 CROFTON AV
DAVENPORT FL 33837

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 140-15

3. Nonpriority creditor's name and mailing address

A. APPLETON

16312 MAGNOLIA HILL ST
CLERMONT FL 34714

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 128-71

3. Nonpriority creditor's name and mailing address

J. HANSEN

902 CHASE PARKWAY # 636
DAVENPORT FL 33896

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 100-55

3. Nonpriority creditor's name and mailing address

J. CHUTER

15842 HERON HILL ST.
CLERMONT FL 34714

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 95-77

3. Nonpriority creditor's name and mailing address

J. QUINN

2005 RUBY RED BLVD
CLERMONT FL 34714

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 94-00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. Nonpriority creditor's name and mailing address</p> <p><u>K. KELLEY</u></p> <p><u>16012 BLOSSOM HILL LOOP</u></p> <p><u>HERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>66-73</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>R. PLANT</u></p> <p><u>922 HENLEY CIRCLE</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>49-07</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>R. HOUSE</u></p> <p><u>504 ELA MAE DR</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>43-07</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>C. ROBINSON</u></p> <p><u>15824 HERON HILL ST</u></p> <p><u>HERMONT FL 34714</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>42-00</u></p>
<p>3. Nonpriority creditor's name and mailing address</p> <p><u>J. BRAILS福德</u></p> <p><u>101 PURSLANE PASS</u></p> <p><u>DAVENPORT FL 33897</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ <u>35-00</u></p>

Debtor

Name

Case number (if known)

Part 4.

Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 0.00

5b. Total claims from Part 2

5b. + \$ 3,419,304.645c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ <u>3,419,304.64</u>

Debtor name: <u>CONTEMPO FLORIDA HOLIDAYS LTD INC</u>	
United States Bankruptcy Court for the: <u>MIDDLE</u>	District of: <u>FLORIDA</u> (State)
Case number (if known): <u>8:19-bk-11518-MGW</u> Chapter <u>11</u>	

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- | | | |
|-----|---|---|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest
<u>MOTOR VEHICLE LEASE</u> | <u>KIA MOTORS FINANCE</u>
<u>PO BOX 660891</u>
<u>DALLAS TX 75266</u> |
| | State the term remaining
<u>63 MONTHS</u> | |
| | List the contract number of any government contract | |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest
<u>MOTOR VEHICLE LEASE</u> | <u>KIA MOTORS FINANCE</u>
<u>PO BOX 660891</u>
<u>DALLAS TX 75266</u> |
| | State the term remaining
<u>108 MONTHS</u> | |
| | List the contract number of any government contract | |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest
<u>OFFICE LEASE</u> | <u>CASAGNOLO PROPERTIES INC</u>
<u>1895 GRANGER AVE</u>
<u>LOS ALTOS</u>
<u>CA 94024</u> |
| | State the term remaining
<u>7.5 YEARS</u> | |
| | List the contract number of any government contract | |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest
<u>XEROX COPIERS</u> | <u>WELLS FARGO FINANCIAL LENDING INC</u>
<u>800 WALNUT ST</u>
<u>DES MOINES IA 50309</u> |
| | State the term remaining
<u>33 MONTHS</u> | |
| | List the contract number of any government contract | |
| 2.5 | State what the contract or lease is for and the nature of the debtor's interest | |
| | State the term remaining | |
| | List the contract number of any government contract | |

Debtor _____
Name

Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2_	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2_	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2_	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2_	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2_	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2_	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____

Debtor name <u>CONTEMPO FLORIDA HOLIDAYS LTD INC</u>	
United States Bankruptcy Court for the: <u>MIDDLE</u>	District of <u>FLORIDA</u> <small>(State)</small>
Case number (if known): <u>8:19-bk-11518-MGW</u>	

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	Check all schedules that apply:
Name	Mailing address	Name		
2.1	Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.2	Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.3	Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.4	Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.5	Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.6	Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	

Debtor _____
Name _____

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor**

Name	Mailing address	Name	Check all schedules that apply:
2. _____	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Enter this information to identify the case

Debtor name CONTEMPO FLORIDA HOLIDAYS LTD. INC.

United States Bankruptcy Court for the MIDDLE District of FLORIDA
(State)

Case number (if known): 8:19-bk-11518-MGW

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1 Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2018
MM/DD/YYYY

to Filing date

☒ Operating a business
☐ Other

(APR 2024)
\$ 6,188,320.70

For prior year:

From 01/01/2017
MM/DD/YYYY

to 12/31/2017
MM/DD/YYYY

☒ Operating a business
☐ Other

\$ 6,282,097.00

For the year before that:

From 01/01/2017
MM/DD/YYYY

to 12/31/2017
MM/DD/YYYY

☒ Operating a business
☐ Other

\$ 6,304,319.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. Non-business income may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____
MM/DD/YYYY

to Filing date

\$ _____

For prior year:

From _____
MM/DD/YYYY

to _____
MM/DD/YYYY

\$ _____

For the year before that:

From _____
MM/DD/YYYY

to _____
MM/DD/YYYY

\$ _____

Debtor CONTEMPO FLORIDA HOLIDAYS LTD. INC. Case number (if known) 8:19-bk-11518-MGW

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	\$ _____	_____
4.2. Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	\$ _____	_____

Debtor

CONTEMPO FLORIDA HOLIDAYS LTD. INC.
Name

Case number (if known)

8:19-bk-11518-MGW

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1.			\$
Creditor's name			
Street			
City	State	ZIP Code	
5.2.			\$
Creditor's name			
Street			
City	State	ZIP Code	

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
			\$
Creditor's name			
Street			
City	State	ZIP Code	
Last 4 digits of account number: XXXX- _____			

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1.			<input type="checkbox"/> Pending
Case number		Name	<input type="checkbox"/> On appeal
		Street	<input type="checkbox"/> Concluded
		City	
		State	
		ZIP Code	
7.2.			<input type="checkbox"/> Pending
Case title		Name	<input type="checkbox"/> On appeal
Case number		Street	<input type="checkbox"/> Concluded
		City	
		State	
		ZIP Code	

Debtor

CONTEMPO FLORIDA HOLIDAYS LTD. INC.

Case number (if known) 8:19-bk-11518-MGW

a. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
Custodian's name	Case title	\$
Street		Court name and address
		Name
City State ZIP Code	Case number	Street
	Date of order or assignment	City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			
9.2. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets - Real and Personal Property).	Date of loss	Value of property lost
			\$

Debtor

CONTINENTAL FLORIDA HOLIDAYS LTD. INC.

Case number (if known) 8:19-bk-11518-MGW

Part 6:

Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. _____ Address _____ Street _____ City _____ State _____ ZIP Code _____ Email or website address _____ Who made the payment, if not debtor? _____	_____	_____	\$ _____

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____ Address _____ Street _____ City _____ State _____ ZIP Code _____ Email or website address _____ Who made the payment, if not debtor? _____	_____	_____	\$ _____

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____	_____	_____	\$ _____
Trustee _____	_____		

Debtor CONTEMPO FLORIDA HOLIDAYS LTD. INC.
NameCase number (if known) 8:19-bk-11518-MGW**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1.	_____	_____	_____	\$ _____
	Address			
	Street _____			
	City _____ State _____ ZIP Code _____			
	Relationship to debtor _____			
13.2.	_____	_____	_____	\$ _____
	Address			
	Street _____			
	City _____ State _____ ZIP Code _____			
	Relationship to debtor _____			

Part 7. Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

	Address	Dates of occupancy
		From To
14.1.	Street _____	From _____ To _____
	City _____ State _____ ZIP Code _____	
14.2.	Street _____	From _____ To _____
	City _____ State _____ ZIP Code _____	

Debtor

CONTEMPO FLORIDA HOLIDAYS LTD. INC.
Name

Case number (if known)

8:19-bk-11518-MGW

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
 — providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name	_____	_____
_____	_____	_____
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
_____	_____	Check all that apply:
City State ZIP Code	_____	<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper
Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2. _____ Facility name	_____	_____
_____	_____	_____
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
_____	_____	Check all that apply:
City State ZIP Code	_____	<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
☐ Yes. State the nature of the information collected and retained. _____
 Does the debtor have a privacy policy about that information?
☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:
 Name of plan _____ Employer identification number of the plan
 EIN: _____
 Has the plan been terminated?
☐ No
☐ Yes

Debtor

CONTEMPO FLORIDA HOLIDAYS LTD. INC.

Case number (if known) 8:19-bk-11518-MGW

Part 10 Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ Name _____ Street _____ City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2. _____ Name _____ Street _____ City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City State ZIP Code	_____ _____ Address _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
PERSONAL MINI STORAGE 1 PARADE Name 4400 HWY 27 Street DAVENPORT FL 33837 City State ZIP Code	G. LEVENTHAL S. LONGSTER Address _____ _____	FURNITURE AND FILES _____ _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor

CONTEMPO FLORIDA HOLIDAYS LTD. INC.

Case number (if known) 8:19-bk-11518-MGW

Part 11 Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$
Street			
City State ZIP Code			

Part 12 Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Debtor

CONTEMA FLORIDA HOLIDAYS LTD. INC.
Name

Case number (if known) 8:19-bk-11518-MGW

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13

Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

25.1.	Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____ _____	Employer identification number Do not include Social Security number or ITIN. EIN: _____ - _____ Dates business existed From _____ To _____
25.2.	Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____ _____	Employer identification number Do not include Social Security number or ITIN. EIN: _____ - _____ Dates business existed From _____ To _____
25.3.	Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____ _____	Employer identification number Do not include Social Security number or ITIN. EIN: _____ - _____ Dates business existed From _____ To _____

Debtor CONTEMPO FLORIDA HOLIDAYS LTD. INC.
NameCase number (if known) 8:19-bk-11518-MGW

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

26a.1. QUARTER 5 (ROBERT POJA)
 Name
2295 S HIAWASSEE RD # 411
 Street
ORLANDO FL 32835
 City State ZIP Code

From 2010 To PRESENT

Name and address

Dates of service

26a.2. RAFAEL ROJAS
 Name
12208 SAWGRASS RESERVE BLVD
 Street
ORLANDO FL 32824
 City State ZIP Code

From 2010 To AUGUST 2019

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Dates of service

26b.1. QUARTER 5
 Name
2295 S HIAWASSEE RD # 411
 Street
ORLANDO FL 32835
 City State ZIP Code

From 2010 To PRESENT

Name and address

Dates of service

26b.2. RAFAEL ROJAS
 Name
12208 SAWGRASS RESERVE BLVD
 Street
ORLANDO FL 32824
 City State ZIP Code

From 2010 To AUGUST 2019

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. _____
 Name

 Street

 City State ZIP Code

Debtor

CONTEMPO FLORIDA HOLIDAYS LTD INC.

Case number (if known) 8:19-bk-11518-MGW

Name and address

If any books of account and records are
unavailable, explain why

26c.2.

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

Name

MULLIGAN FUNDING LLC

4715 VIEWRIDGE AVE STE 100

SAN DIEGO CA 92123

City

State

ZIP Code

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of
inventoryThe dollar amount and basis (cost, market, or
other basis) of each inventory

\$

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtor

CONTEMPO FLORIDA HOLIDAYS LTD. INC.
NameCase number (if known) 8:19-bk-11518-MGW

Name of the person who supervised the taking of the inventory

Date of
inventoryThe dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>D/W. LLC</u>	<u>7162 MONTREAL DR, LAKELAND FL</u>	<u>SHARE HOLDER</u>	<u>30%</u>
<u>MAR-GAR LLC</u>	<u>8826 BAY VILLA CT. ORLANDO FL</u>	<u>SHARE HOLDER</u>	<u>30%</u>
<u>ISBA LLC</u>	<u>1487 SCRUB JAY TRAIL, ROSHARON FL</u>	<u>SHARE HOLDER</u>	<u>30%</u>
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Name _____	_____	_____	_____
Street _____	_____	_____	_____
City _____ State _____ ZIP Code _____	_____	_____	_____
Relationship to debtor _____	_____	_____	_____

Debtor

CONTINENTAL FLORIDA HOLIDAYS LTD. INC.

Case number (if known) 8:19-bk-11518-MGW

Name and address of recipient

30.2

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer identification number of the pension fund

EIN: _____

Part 14

Signature and Declaration

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/16/2019
MM/DD/YYYY

x

Signature of individual signing on behalf of the debtor

Printed name

I.D. PARDEE

Position or relationship to debtor PARTNERAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☒ No☐ Yes